

State of Nevada Department of Business & Industry Division of Insurance LONG-TERM CARE INDURANCE PARTNERSHIP PRODUCER TRAINING REPORTING FORM

Pursuant to section 20.1 of LCB File No. R121-07, entities with forms that have been Partnership-certified in Nevada must file an annual producer training report for LTCI partnership contracts on or before March 1 of each year for the previous year.

Reporting Year:	ORG ID #:	NAIC #:
Contact person:		Date:
Company Name: _		
Phone and Email:		
Producer list (attach pag	es as necessary):	
I certify that the produce		
(a) Met the minimum re	gulatory training requiren	nents for a Nevada health license;
· · ·	training as required by R	
to sell LTCI partnership		training, in the opinion of the company,
(d) Demonstrated an uno	derstanding of partnership	
•	nship in Nevada to public overage, including Medic	
private long-term care co	overage, including wiedle	aiu.
		Signature
		Signature
		Name and Title (please type)
		Dota

Reports are required by NAC 687B.004 to be submitted electronically via SERFF at https://login.serff.com/index.html (use TOI "Required Industry Reports"). Related inquiries may be made to NHoffman@doi.nv.gov, or mailed to:

Department of Business and Industry
Division of Insurance – ATTN: Life and Health Section
1818 East College Parkway, Suite 103
Carson City, NV 89706

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